

TOWN OF MILLVILLE
FACILITY USE APPLICATION

Town of Millville Facilities:

1. **Town Hall Council Chambers**
2. **Town Hall Meeting Room (second floor)**
3. **Millville Community Center at Evans Park**
4. **Millville Community Center Conference Room at Evans Park**
5. **Evans Park Pavilion**
6. **Evans Park Pickleball Courts**
7. **Evans Park Open **Green** Recreation Area**

8. **Evans Park Open Hard Surface Recreation Area**

FULL PAYMENT FOR ONE (1) DAY NON-TOURNAMENT OR EVENT UNDER \$300 IS DUE UPON APPLICATION SUBMISSIONS. FOR TOURNAMENTS OR EVENTS, A **NON-REFUNDABLE** DEPOSIT IS DUE UPON AVAILABILITY APPROVAL: \$50 PER OUTSIDE FACILITY PER ~~DATE~~ DAY OR \$100 PER INSIDE FACILITY PER ~~DATE~~ DAY. **DEPOSIT IS ONLY REFUNDED IF THE AREA DOES NOT HAVE TO BE CLEANED BY THE TOWN AFTER THE EVENT.**

Return Application to: Town of Millville, ATTN: Town Manager, 36404 Club House Road, Millville, DE 19967

This is an application for use and is not a permit of use. No guarantee of availability is made or implied by the acceptance of the application. This application should be completed and returned to the Town Manager at least five (5) business days prior to the requested reservation date. Any misrepresentation in the application or deviation from the final agreed upon application may result in immediate revocation of the facility use application approval. Applicant's attention is directed to the accompanying information packet, entitled "Facility Use Application Rules."

All questions on the Facility Use Application must be fully answered. "Same as last year" or similar comment is not an acceptable response. If a question does not apply, please write "N/A" in that space. The application will be returned to the applicant if the information is incomplete. Please type or print the information clearly. You may attach additional sheets as necessary.

CONTACT PERSON _____ **EMAIL** _____

APPLICANT'S NAME AND COMPANY NAME (if applicable): _____

PRIMARY ADDRESS: _____

MILLVILLE PROPERTY ADDRESS (if applicable): _____

PHONE # (H): _____ PHONE # (W): _____ CELL # _____

COMPANY PHONE # _____ FAX# _____

Commented [J11]: DB thinks should be "Plaza" area

Commented [DB2]: From the town of ocean city

Commented [ST3]: Must?

EMAIL ADDRESS: _____

FACILITY REQUESTED: _____ EST # OF PARTICIPANTS _____

REQUESTED DATE(S) OF USE: _____ REQUESTED TIMES: _____

DESCRIPTION OF USE (CIRCLE): Tournament Sports Clinic Special Event Other: _____

TITLE OF TOURNAMENT OR EVENT (if applicable): _____

TYPE OF TOURNAMENT/EVENT (circle all applicable) youth men's women's co-ed

CIRCLE IF REQUESTED: Use of audio/video for: Town Hall Council Chambers Town Hall Meeting Room (second floor) Millville Community Center

CIRCLE IF APPLICABLE: Charging Participant Fee, Amount \$ _____ Charging Admission Fee, Amount \$ _____ Using Vendors, type _____ Number of Vendors _____

FULLY DESCRIBE THE INTENDED USE/EVENT AND ALL PROPOSED ACTIVITIES: _____

IF REQUIRED, DESCRIBE CROWD CONTROL PROCEDURES YOU INTEND TO EMPLOY: _____

DESCRIBE ANY SPECIAL PARKING/TRAFFIC NEEDS OR CONSIDERATIONS (additional charges may be assessed): _____

IF REQUIRED, HAVE ARRANGEMENTS BEEN MADE FOR MEDICAL ASSISTANCE? IF SO, WHAT TYPE? _____

WHAT PROVISIONS WILL BE MADE FOR COLLECTION OF SOLID WASTES, INCLUDING TRASH, GARBAGE AND RECYCLABLES? _____

EVANS PARK OUTDOOR FACILITIES OFFER TWO (2) RESTROOMS. WHAT PROVISIONS WILL BE MADE FOR PARTICIPANTS ABOVE AND BEYOND PROVIDED FACILITIES? _____

DESCRIBE ANY PROPOSED FOOD/MERCHANDISE/SALE DISTRIBUTION OR ITEMS: _____

NAME OF CATEROR IF APPLICABLE _____

Will the applicant be serving alcoholic beverages????????

LIST ALL SPONSORS ASSOCIATED WITH YOUR USE/EVENT: _____

DO YOU EXPECT SPECTATORS AT YOUR USE/EVENT? _____ IF YES, HOW MANY? _____

ELECTRICITY NEEDED: (Explain) _____

LIST ADDITIONAL COMMENTS AND/OR REQUESTS NOT COVERED IN THIS APPLICATION: _____

ALCOHOLIC BEVERAGES (MILLVILLE COMMUNITY CENTER AT EVANS PARK)

DATE OF STATE PERMIT _____ COPY ATTACHED _____

DATE OF COUNTY PERMIT _____ COPY ATTACHED _____

Application Completed By: _____ Date Completed: _____
PRINTED NAME

Applicant Signature: _____ Date Signed _____

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

ALL FEES ATTACHED: YES _____ NO _____

ALL REQUIRED PERMITS ATTACHED: YES _____ NO _____

PROOF OF NON-PROFIT STATUS (if applicable): YES _____ NO _____

APPROVED _____ DENIED _____

DATE RETURNED _____